BEST AVAILABLE COPY

AS FILED	MULTIPLE DEPENDENT CLAIM FEE CALCYIN ATION SHEET (FOR USE \ H FORM PTO-875)									SERIAL NO.  54980  PILING DATE  APPLICANT(S,						
AS FILED		T	-	AF	TED			CLAI	MS					·		
TRUE   DEP.   IND.   DEP.   ND.   DEP.   S.   ND.   DEP.   IND.   DEP.   ND.   DEP.   IND.   DEP. IND.   DEP.   IND.   DEP. IND.   DEP.   IN			AS FILED							AS FILED				AFTER		
Signature   Sign	<del></del>	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.					
53 54 5 6 7 7 8 8 9 10 10 11 60 60 61 11 12 13 61 64 15 15 16 65 17 7 18 8 9 9 19 19 19 19 19 19 19 19 19 19 19 19	2					ļ		-			·				DET.	
5 6 7 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9							<del> </del>	1		<b></b> -						
6		<del> </del>	<del>                                     </del>	<b></b>					54			<del></del> -			<del> </del>	
8 9 10 558 58 58 59 10 10 11 11 11 11 11 11 11 11 11 11 11	6		<del> </del>	<del></del>				-							<del> </del>	
\$\frac{5}{9}\$   \$\frac{5}{10}\$   \$								1		<u>-</u>	<u> </u>	<b> </b>	ļ			
10		<b> </b>						]	58						<del> </del>	
112 13 13 14 15 15 16 16 17 18 19 20 20 20 21 21 21 22 23 24 27 27 28 28 29 29 29 29 29 20 20 20 20 20 20 20 20 21 21 21 22 23 24 27 27 28 29 29 29 29 29 20 20 20 20 20 20 20 20 20 20 20 20 21 21 21 22 23 24 27 27 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29	10							-								
13 14 14 15 16 15 16 16 17 18 19 20 20 21 21 21 22 21 21 22 23 24 24 25 26 27 27 27 28 29 30 31 31 32 33 31 33 34 35 36 37 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38												ļ				
14		<del> </del>	<u> </u>					1	62						<del> </del>	
15	14							-{								
10 17 18 66 67 68 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9						· ·		1								
18		<u> </u>						]	66		-					
20	18							-								
21						·		1								
22 23 72 72 73 74 74 75 75 75 76 76 77 75 75 76 76 77 77 78 78 78 79 79 79 79 79 79 79 79 79 79 79 79 79										·				<del></del>		
Table   Tabl	22							-								
25   76   75   76   77   78   79   79   79   79   79   79								1					·			
26																
28	26						<del></del>	ł								
29 30 31 31 31 32 33 33 4 35 35 36 37 38 39 40 40 41 42 42 42 42 43 44 44 44 45 46 46 47 49 50 OTALIND								1	77						<del></del>	
30 31 31 32 33 33 34 35 36 37 38 38 39 40 40 41 41 42 42 43 43 44 44 44 45 46 47 48 48 49 50 oral ind  Total i		<del></del>					<u> </u>									
31 32 33 34 34 34 35 35 35 36 37 38 38 39 40 40 41 41 42 41 42 44 44 44 44 44 44 44 44 44 44 44 44	30							1			<del></del>					
33   34   35   38   38   38   38   38   38   38								1	81							
34 35 36 37 38 38 39 40 41 41 42 43 43 44 44 44 45 46 47 48 49 50 OTALIND								ł	82							
35 36 37 38 38 39 40 40 41 41 42 41 41 44 44 44 44 44 44 44 44 44 44 45 45 46 47 48 49 50 50 OTAL IND.    OTAL IND.    State    S	34							1								
37 38 39 40 41 42 43 44 45 46 47 48 49 50  OTALIND  OTALIND  TOTALIND  TOTALIND  TOTALIND  TOTALIND  TOTALIND	35							1 .	85					<del></del>	<del></del>	
39. 40 89 90 41. 42 91 92 43 44 93 94 45 95 96 97 98 99 50 OTALIND.	37							•	86							
39. 40 89 90 41. 42 91 92 43 44 93 94 45 95 96 97 98 99 50 OTALIND.	38						· .	i								
40 41 42 43 44 44 45 46 47 48 49 50 50 60 60 60 60 60 60 60 60 60 60 60 60 60	<b>39</b> .										<del></del>		<del></del>			
42 43 44 44 45 46 47 48 49 98 49 50 0TALIND.  70 70 70 70 70 70 70 70 70 70 70 70 70	41.								90							
43 44 45 45 46 47 48 49 59 98 49 50 OTALIND.  TOTALIND.  TOTALIND.  TOTALIND.	42													· ·		
94 45 46 47 48 49 50 OTAL IND.	43															
46 47 48 49 50 OTAL IND.	44								94							
47 48 49 50 OTAL IND.	46															
98 49 50 OTAL IND. 99 100 TOTAL IND. 4	47															
99 50 OTAL IND. 99 TOTAL IND. 4	48							•	98							
OTAL IND. 97 TOTAL IND. 4	50								99							
		2	1													
TOTAL DEP	DTAL DEP	$\frac{7}{a}$	<u>.</u>		<b>*</b>		▼	1	}		*		₩.		•	